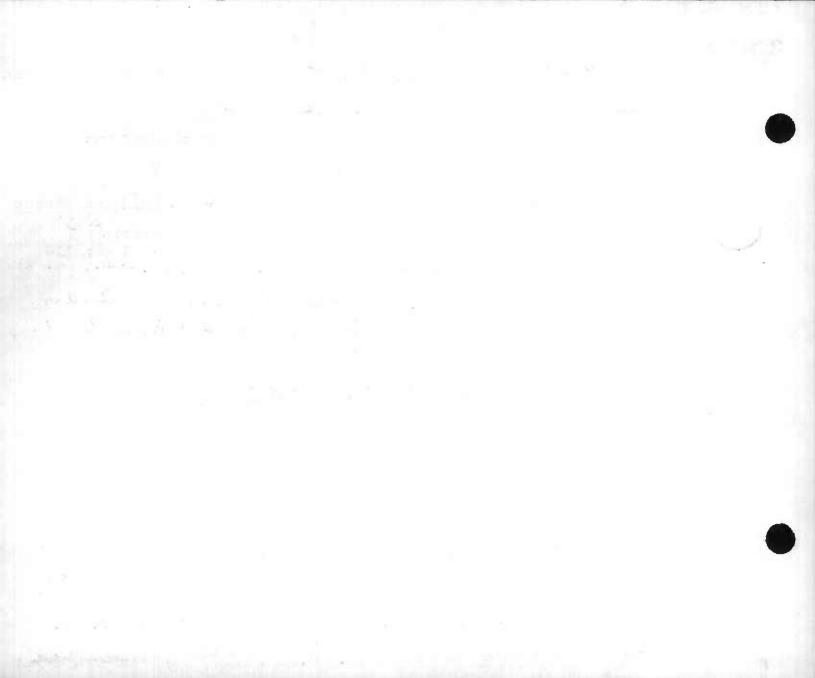
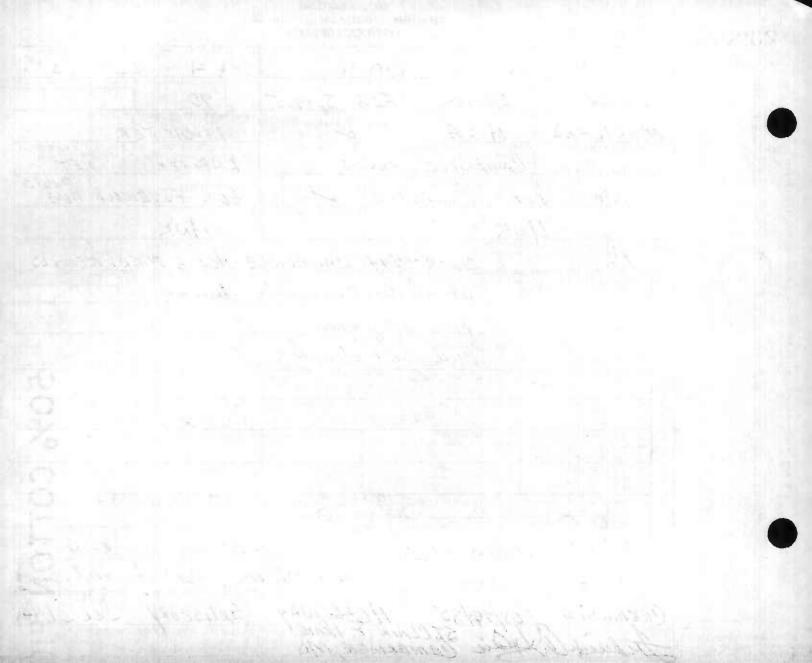
241143	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 5 2 2 REG. NO.	9 4 4
may be page 3 ler death		CEASED NAME FIRST WA /+	Ler H	Abbott 5. DATE OF BIRTH	20. DATE OF DEATH MONTH 8. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
Se A	1	male	cau.	Sept. 16,1902	83 YRS.	MONTHS DAYS HOURS MIN.
eath. Poo		RTHPLACE (STATE OR FOREIGN COUNTRY) IARYLAND	76. CITIZEN OF WHAT COUNTRY!		DORCHESTER	Y OF DEATH MD.
other d	10.51	ambridge.	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) USE NURSING HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI WORKEY	IFE) 126. KIND OF BUSINESS OR INDUSTRY Shipvard
24 hour	13a S	TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 113d INSIDE CITY LIMITS?	130 STREET ADDRESS Glenburn Ave	21613
mplet	IR FA	THER'S NAME CHARLES	ABBOTT	IS. MOTHER'S MAIDEN NA	MIDDLE	WILLEY
Pages 1	16a V	VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES!	urity no. 17. Informant si -6264 ROSIE MIL	ster ADDRESS Mo LS, 738 Race S	1. 21613
on. has been signed by the attend has been signed by the attend permit. Then please remove come prior to burial, cremation, comes any injury, or ather troumon.	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	D. Organie		200 AUTOPSY? / 206. IF YE IN CERTI	VEN IN PART 1 to: ***********************************
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OR ATTENDING e haspital or otti DIRECTOR. After ched for use as th Dept. of Health or Hem 21 is market	8		n 19 otherwise the body after death.	, 19.		19, that (I) (we) last ur and from the causes stated
TO HOSPITAL retoined by the TO FUNERAL should be detained by the Store IMPORTANT.		22d. PHYSICIAN'S NAME (TYPE URIAL, CREMATION, REMOVA: SPECHY) burial	23b. DATE 23c	220 ADDRESS	23d LOCATION	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI		RRAN FUNERAL	andy Island Cem HOME, 21613 250 DA St., Cambridge	TE REC'D. BY REGISTRAR 256 REGIS	rchester, Md



239002	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAPHY CATE OF DEATH	GHÈNE 2 2	2 9 4	5
e 4 may be ctar, page 3 s after death		CEASED NAME OR PRINTING ME	A RACE	S. DATE OF	ley	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	YEAR 26 HOUR 3 AM 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
offer death. Pag the funeral dire- directly pour	70. BI	MARYLAND	7b. CITIZEN OF WHAT COUN A 11. NAME OF HOSPITAL, NI NOT IN SUCH FACILITY, GIVE	MARRIED WIDOWED URSING HOME OF STREET ADDRESS)	OTHER INSTITUTION	9. BALTIMORE CITY O	ESTER	MD.
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BALTIMORE, MA			ly ane couse per line fogla), (I	6-0544 bi, aft ici.y	CAMBLIS	ADDRE	MED.	RECORAS APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death cerricial be executed within 24 haurs to attending physician. When this certificate has been signed by the ottending substitution and completely filled in by one the burial-transit permit. Then please remove carbon control and 2 should be fill the and Mental Hygiene prior to burial, cremotion, or removal. orked at them 18 shows any injury, at ather traumatic event, the medical examiner more than a control orked at them 18 shows any injury, at ather traumatic event, the medical examiner more than a control or the control of the control or the control or the control of the control or the control of t	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO OR AS WCONS (b) AFRICH DUE TO, OR AS A COMM (c) MULL	HOUSE OF F	Chrileroseuli Chinale Clemele R NOT RELATED TO THE TER.	2	DITION GIVEN IN P/	ART 1(a ·
4 OF VITAL RECOR	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR W	Sec.		200 AUTOPSY? YES NO NO NO RRED (ENTER NATURE OF INJURE	YES	AUSES OF DEATH?
DIVISION OF DING PHYSICIA or ottending p : After this certif se os the burdal- solth and Mental marked ar frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this haspit	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	city or to	wn cour	
HOSPITAL OR ATTEN ined by the hospital FUNERAL DIRECTOR uld be detached for until Store Dept. of He ORTANT: If hem 21 is		saw the deceased alive an abave (N) we) (Sid) did not 17th SIGNATURE	m - 4 -	19 85 and	22e ADDRESS	MEDICAL STAF	ate and hour and Iro	Date Signed
TO HOSPITAL retained by the TO FUNERAL should be detained by with the State IMPORTANT.	C	URIAL, CREMATION, REMOVAL PROJECTION	adden	23c. NAME OF GE	302 COLLI METERY OR CREMATORY MALOWAY	23d. LOCATION CITY OF TOWN	ley cour	nd. 21643
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FU	INDICAL DIRECTOR	Like: 5/100	MARINO	FOME ISO DA	TE REC'D. BY REGISTRAR	25% REGISTRAR'S SI	GNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGTENE CERTIFICATE OF DEATH

REG. NO.

2	F 4	1 DECEASED NAME FIRST (TYPE OR PRINT) Meline	da LAURA	Dean	20 DATE OF DEATH MONTH D	8 85 1 P
5	n offer d	female	White	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS. ON IHS DAYS HOURS MIN.
0	35	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DOTCHEST	
t after a	13 63	Cambridge	11. NAME OF HOSPITAL, NURSIN DOTCHESTER G	ADDRESS) ADDRESS) ADDRESS) ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
AND 212	8	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR Md. DC		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 520 Glenburn	Ave. 21613
MARYL wed with	191	14 FATHER'S NAME Timothy	Moore Noore	15 MOTHER'S MAIDEN NA Arinth	MIDDLE	Ruark
TIMORE, De execu	(A w		MED FORCES? 166 SOCIAL SECU ZE WAR OR DATES) 220-32-	RITY NO. 17 INFORMANT 8381 Rebecca D.		bot Ave. d. 21613

Ruark Calbot Ave. Md. 21613 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTHOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

CAUSE OF DEATH (Enter only one cause per line for (a), (b)

IMMEDIATE CAUSE (o.

20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

PART I. DEATH WAS CAUSED BY

Canditians, if any, which gove rise to immediate couse (o), stoting the

> P.M. 19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

211 LOCATION CITY OR TOWN

COUNTY

sow the deceosed ofive on_ obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT) Tanman 22e ADDRES

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE burial 8/30/85 23c NAME OF CEMETERY OR CREMATORY Dor. Memorial Pk. 23d. LOCATION CITY OR TOWN Cambridge

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Dor. Md.

24 FUNERAL DIRECTOR

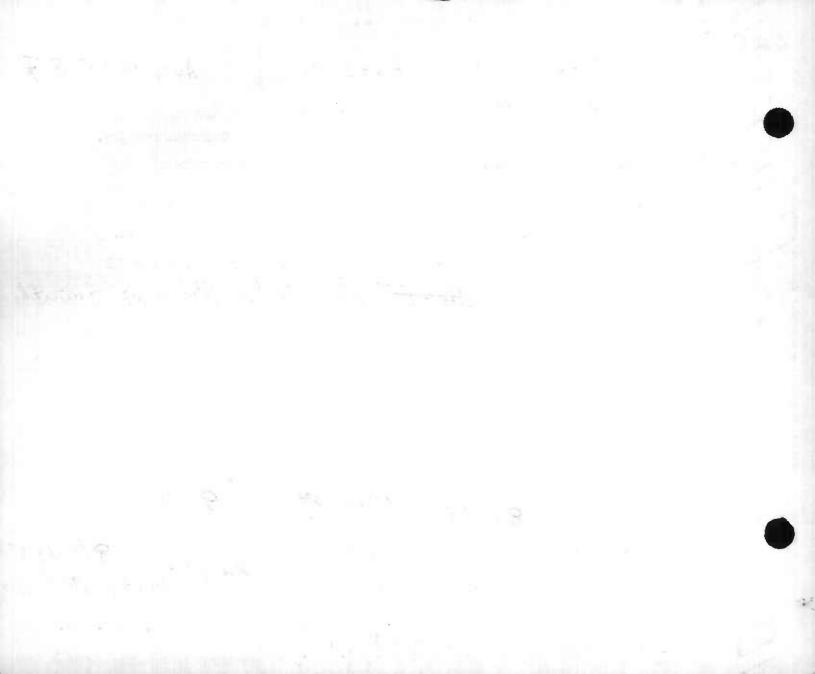
CAMBRIDGE MD. FUNERAL HOME

Dunay

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Ward don- Manage

A CONTRACT OF SAME AND ASSOCIATION OF THE PARTY OF THE PA

238076	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	CIENE 2 2	9 4 9	
moy be page 3 er death		OR PRINT)		MIDDLE TO TO THE STATE OF THE S	121er	20 DATE OF DEATH	MONTH DAY YEAR (7) 12 81 THOAT IF UNDER 1 YEAR	2b. HOUR
ge 4 m ector, p	3. SE	M	W	MONTH		86	MONTHS DAYS	HOURS MIN.
leath. Pay	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) and	76. CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	ester Co.	MD.
s ofter d by the fur iled within	C	TY OR TOWN OF DEATH	Dor.	HOSPITAL, NURSING HOME OF CHESCILITY, GIVE STREET DDRESS!		120 USUAL OCCUPATION CONTROL OF WORK FOR MOST OF CONTROL OF CONTRO	ON 12b. KIND C F WORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in fould be	M		OR OTHER INSTITUTION JNTY	GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Cambridge	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS A	The state of the	613
completely 1 and 2 sh	14. F.	Solomon	MIDDLE J.	Frazier	15. MOTHER'S MAIDENN. FIRST Amand	a. MIDDLE	Dunn	я
Pages 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 218-20-9684	Velma H.	ADDRE Frazier It		
ING PHYSICIAN: The low requires that the decretation be executed within 24 hours catending physician. After this certificate has been signed by the outstanding physician and completely filled in by as the buriol-transit permit. Then please remove the buriol-transit permit. Then please remove the property of the and Mental Hygiene prior to buriol, crematic. Commission and Mental Hygiene prior to buriol, crematic.	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT		MINAL DISEASE OR CON	DITION GIVEN IN PART 1 (
N: The low sysician. cate has b ransit perm Hygiene pi 18 shows a:	CERTIFICATION	7]a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
DING PHYSICIAN: To or othending physicial After this certificate es the buriol-transialth and Mental Hygi and Mental Hygi marked or them 18 sh	MEDICAL CI	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A	.M. MONTH DAY YEAR .M. 19 OF INJURY REE1, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		STATE
A ATTENDIN hospital or of the total of the t		270.1 certify that (I) (this has sow the deceased alive a obave, (I) (we) (did) (did to TURE	pital) attended the	after death.	127 8 19 and that in (my) (phi) apiniar	, to, to on the do	ote and hour and from the	
HOSPITAL OF THE BOOK THE STORY OF THE STORY		22d PHYSICIAN'S NAME (1798)	111-	anor MD		RACES.	ETAND 8/	12/85 Md2161
PP	23a.	BURIAL, CREMATION, REMOVA SPECIFY) Burial		23¢ NAME OF C	EMETERY OR CREMATORY Lemorial Pa	23d. LOCATION CITY OF TOWN	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR		700 Locust	dae 25a. DA		256. REGISTRAR'S SIGNAT	URE .



234020		FOR STATE REGISTRAR		EPARTMENT OF HE CERTIFI	OF MARYLAND ALTH AND MENTAL CATE OF DEATH		2 2 9 REG. NO.	5 0	
me no		EASED NAME HERTET	1 MODIE	Harr	yer	2a. DATE	OF DEATH MONTH	DAY YEAR	26. HOUR
moy be		HEIEN	C: F	tarpel			7-30-8	5	771
ge 4 mo	3. SE)	fe	4. RACE	S. DATE OF	BIRTH DAY YEAR 28 14	,	NYEARS LAST BIRTHDAY) 7 C/ YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
nerol din na 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY) elaware	76 CITIZEN OF WHAT COLUMN	UNTRY? B MARRIED WIDOWED	NEVER MARRIED	H Das	chester (MD.
rs ofter d by the fu		ambridge	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Dorches te:	IVE STREET ADDRESS)	,	{TYPE OF W	LOCCUPATION ORK FOR MOST OF WORKING LI MSTress-C	IEE) INDUSTRY	of Business or ig Manft.
24 hour filled in bould be f	USUA 130. S	m - 17	VIY 134 CITY O	OR TOWN 1	134 INSIDE CITY LIMIT	S? 13. SIREE	Route 147	21631	
BALTIMORE, MARYLAND 2120 core recuted within 24 hours tyles and completely filled in by the fill		a rotation r	Foster Bel	last 1	15. MOTHER'S MAIDEN		MIDDLE H		known)
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST big PHYSICIAN. The day requires that the death error attending physician has been uponed by the attending as the burial fromit permit. Then please remove carbon this and Mandal Hygiene principal burial, cremation or removed or team arked or team attending or team arked or team attending or team.	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTIONS	INSEQUENCE OF	AS40	TERMINAL DISE	ase or condition gi	Seaver 10	earl Yry.
AL RECOR	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AL	IN CERT	S, WERE FINDII IFYING CAUSES ES []	
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VISION G PHYS arter this of the bury t and Me when the bury the bury the bury the bury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
D A S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) (this hasp	ital) attended the decease	d from		, to		. 19	that (1) (we) last
10 10 10 10 10 10 10 10 10 10 10 10 10 1	10	saw the deceased alive ar above, (I) (we) (did) (did no	ot) view the body after deat	19, one	that in (my) (our) ap	inion death accu	rred on the date and ha	ur and fram the	causes stated
At OR A the house detached the Dept.		22b. SIGNATURE	zen				AL STAFF DR PHYSICIAN	7-3	SIGNED
D HOSPIT, DELNER by DELNER		22d. PHYSICIAN'S NAME (TYPE C	S CHANC	chmo.	105 Aur	rora St	., Cambri	dge, N	D
55 5213		URIAL, CREMATION, REMOVAL		23¢ NAME OF CE	METERY OR CREMATO	ORY 23d LO	CATION BY OR TOWN	COUNTY	STATE
BP	_	Burial	8-2-85	Unity 1	Washingto	on dem	Hurlock,	Dorche	ster MD
DHMH - 16 50M 4/83 (VRA 15, 4)	Z4 FI	Ler Funeral	Home, Eas	Perse New Ma	rket, 1	UG 191	985 PREGISTRAR 256 REGIS	erdson-No	ndelle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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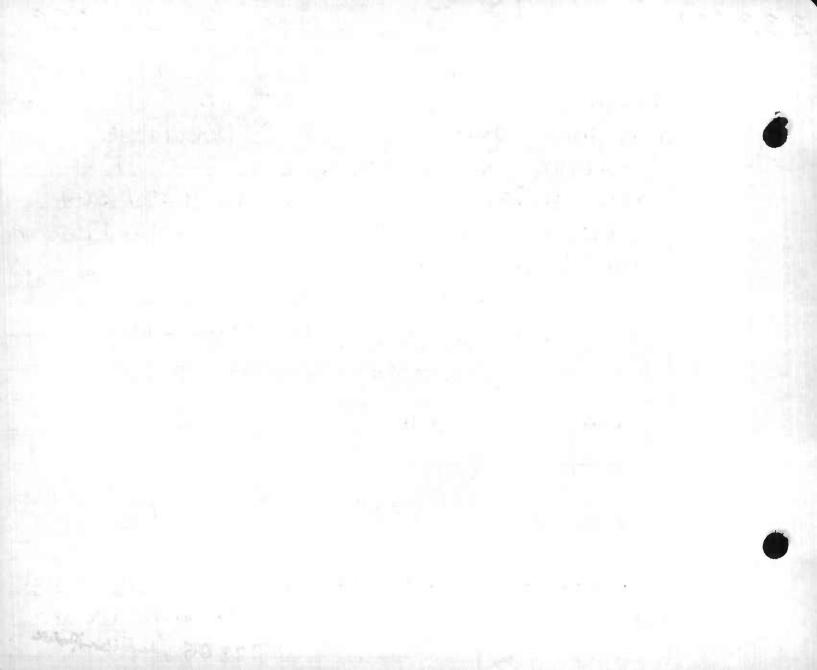
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
AL OR ATTENDING the hospital or	AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be if the hospital or attending physician.
AL DIRECTOR Af detached for use a	AL DIRECTOR After this certificate has been signed by the attending physician of comments filled in by the funeral director, page 3 detached for use as the burial-transit permit. Then please tempore carban papers. The comments in a hould be filled within 72 hours after death and a filled hours after the burial cremation are provided.
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DHMH - 16 60M 7/84 (VRA 15, 4)

		The state of the s			REG. NO.		
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
Titre		LIAM R.	/	+AWK	2 2	7 85	4.10 AM
3. SE		4 RACE	5 DATE O	7,	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
IV	fale	White	MONT	12 PAY YEAR	Ra	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	LINITDV2 IS	-/2/03	9 BALTIMORE CITY OR COUNTY	OF DE ATH	14
- 1	COUNTRY		MARRIE	D NEVER MARRIED 5	XI .	OF BEATH	
	a.	USA	WIDOWI		Dorchester		MD.
0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	120 USUAL OCCUPATION 174PE OF WORK FOR MOST OF WORKING LIF		F BUSINESS OR
C	ambridge	Dorchester		Hospital	Farmer	Farm	ing
USU.	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)		The state of the s		1 als 2 al 3
130 3	Md. Isb cou		st New	13d INSIDE CITY LIMITS?	- 10	/	27
	ATHER'S NAME			YES NOTE NOTE	Rt.1 Box 160	A. 216	131
117	FIRST	MIDDLE	rket	FIRST	WIDDLE	LAST	T
	William T.	Hawk		Mary	E. Hall		
60 \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRESS	Es	ast New
,	VES NO OR UNKNOWN) (IF YES GI	178	-05-9580	Yvonne Mo	pore Rt.1 Box 1	68A Ma	rket
=	18 CAUSE OF DEATH (Enter o	nly and cause per line for to	th) and is				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	1	P aortic			eddu
	IMMEDIA	TE CAUSE (a)	prince	a or ice	ansurysm	20	i ad a
		DUE TO, OR AS A CO	NSEQUENCE OF			45.0	
	Conditions, if ony, which	((b)	and the state of		Secretary and the second	7.63	163.0
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ANSEQUENCE OF			1 1000	1.73
	underlying couse last	DUE TO, OR AS A CO	INSECUENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	INC TO DEATH BUT	NOT BELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	(ENLINEDADT)	
Z	01	CONDITIONS CONTRIBUTION	INO TO DEATH BUT	e- 18		4 3 /	Diesse
FICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OBERATIO	NI WAS DEDECTORED		WERE FINDIN	
0	196 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YING CAUSES	
T					YES NOW YE		NO 🗌
CERT	210. ACCIDENT WAS UNDERLYING		ITH DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE	ALI I	19				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION			
Ĕ	WHILE NOT WHILE	AT HOME STREET, FACTORY	Y, OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK			1/6)	P. 1712		
	220.1 certify that (1) (this hosp	V / 1 / M	V /	. 19	, 10		that (1) (we) last
	sow the deceased alive of	at view the laddy after deat	19	nd that in (my) (our) opinio	on death accurred an the date and hou	and from the	causes stated
	12h SIGNATUR	, 1 ,		DEGREE		22c. DATE	SIGNED
	X 110	1411	no s	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	PA	17/8-
	774 PHYSICIAN'S NAME INN	Darfool)	1 (122e ADDRESS	DIRECTOR PHYSICIAN	107	
	HF Du	4			21000000		. AAN
	11-6- 1996	CAPP	138	418 BYR		SIDGE	1-17
	BURIAL, CREMATION, REMOVA	236 DATE	230 NAME OF	EMETERY OR CREMATOR	Y 23d LOCATION	COLLET	57475
	Burial	8/30/85	Sylvs	n Heights	Uniontown,	Fayet	tte, "Pa
4 FI	UNERAL DIRECTOR	0/ 10/0)	DATA:		DATE REC'D. BY REGISTRAR 256 REGIST		-
		hell Union	PORESS D	a. 15401P		And Rond	And in the case of
4	OUT OHIO E	TTOTT OILTOIL	OUNIL F		A THE PROPERTY CALMEDIANTS	Party of the Party	100

Jerome W. Shell Union town, Pa. 15401P

2.	22000		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$5 - 22952	
2	32009	1.	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	oy be ange 3 deoth	1. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR S 12-85 1145	<u> </u>
	e 4 may be tor, page after deal	3. SE	X 4 RACE S DATE OF BIRTH MONTH DAY YEAR 0. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 A MONTH DAY YEAR 1 OF BIRTHDAY MONTHS DAYS HOURS A	HRS MIN
â	Poge I direct hours	7a. BI	YRS. YRS. The Citizen of What Country? 8 Married Never Married 9 Baltimore City or Country of Death Ountry) Married Never Married 19 Baltimore City or Country of Death	
	rer death ne funeral within 72	3	MARUIAN USH WIDOWED DOPCHESTOU	MD.
201	by the	C	Ambeida Doechester Can. Hosp (Type of work for most of working life) INDUSTRY	S OR
BALTIMORE, MARYLAND 2120	24 hou	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137 CITY OR TOWN 138 INSIDE CITY LIMITS? 138 STREET ADDRISS 139 STREET ADDRISS 130 STREET ADDRISS 131 STREET ADDRISS 132 STREET ADDRISS 133 STREET ADDRISS 134 STREET ADDRISS 135 STREET ADDRISS 136 STREET ADDRISS 137 STREET ADDRISS 138 STREET ADDRISS 139 STREET ADDRISS 130 STREET ADDRISS 130 STREET ADDRISS 130 STREET ADDRISS 131 STREET ADDRISS 132 STREET ADDRISS 133 STREET ADDRISS 134 STREET ADDRISS 135 STREET ADDRISS 136 STREET ADDRISS 137 STREET ADDRISS 137 STREET ADDRISS 138 STREET ADDRISS 138 STREET ADDRISS 139 STREET ADDRISS 130 STREET ADDRISS	101
MARYL	completely solution of solutio	14 FA	ATHER'S NAME FIRST ADDRESS NAME FIRST FIRS	P
MORE, A	2 dedic	16a V	NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
	D a v		18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.	ATH
N ST.	00000		IMMEDIATE CAUSE 101 WHEALTHCLINE OSPHUNIA AND DUE TO, OR AS A CONSEQUENCE OF)	
PRESTON ST.,	not the death ce by the ottendin size remove carb i, cremotion, or a		Conditions, if any, which gave rise to immediate (b) failure to Respond to Resells 1 ta-	
3	d by the		couse (o), stoting the underlying couse last DUE TO, OR AS XCONSEQUENCE OF	
RDS, 201	quires then p to bur njury,	NO NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I a	
DIVISION OF VITAL RECORDS,	ne low re hos beer permit.	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	?
VITAL	HYSICIAN The leding physician. Is certificate has burial-transit per Mental Hygiene or tem 18 shows	CERT	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
NOF	HYSICIAN Ih ndring physicia physicia physicia physicia physicia physicia physicia physicia di Amental Hygicia or Item 18 sho	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21t LOCATION	
OIVISIO	the the ond	WEI	WHILE NOT WHILE AT WORK ALWORK COUNTY STATE	E
			270. I certify that (1) (this haspital) ottended the deceased fram 19 5. and that in (my) (our) opinion deoth accurred on the date and hour and from the causes states obove, (1) (we) (did) (did not) view the body after death.) last
	HOSPITAL OR ATTEN med by the hospital FUNERAL DIRECTOR. uld be detoched for us the State Dept of He ORTANT: If them 21 is	H	276. SIGNATURE DEGREE 22c. DATE SIGNED	35
	TO HOSPITAL Cretoined by the TO FUNERAL DIshould be detected with the Sife Dimposition of the Control of the Co		22d. PHYSICIAN'S NAME (TYPE OR PRINT) PR. Do niso Posey Flori) 220. ADDRESS 503 By 10 N) St Cambridge Mc	1
	show with	23a. 6	BURIAL, CREMATION (REMOVAL) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	1
	BP	D	or ben top Cambridge Voe ma	_
	DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CFP 0. 7 1085	
		_		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 242136 REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-STEVEN DEATH MATED 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED corve DEAD 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED | DIVORCED Green Bav. Wisc. O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE 12-14 Dispatcher HAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS
YES NO X PT BUX 42 IL FATHER'S NAME IS MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: TEMPARE IMMENTS IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CHERONE ACCOHOCISIUS 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF NURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR UNDERLYING BOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION WHILE AT WORK Home 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide ___ Undetermined manner death resulted fram: / Natural causes MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23.198 Delmarva Crematory Aug. Lewes, Delaware Cremation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Framptor-Hawkins Funeral Home, 216 N. Main St. (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 228108 REGISTRAR REG. NO DECEASED NAME 7h HOUR 70 DATE KNOWN MONTH 4001 (TYPE OR PRINT) OF ESTI-HECESSARY, PLEASE NEAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS Annie White Hughes 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE PRONOUNCED July 6. 1916 DEAD July Female Black YRS Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Dorchester Hurlock, Md. WIDOWED T DIVORCED ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY HURLOCK Nursing Home DORCHESTER GEN, HOSPITAL Ret. Nurse USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS 30. STATE 136 COUNTY Box 814 - Bobtown Road Dorchester Hurlock YES . NO W Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST John White Bertha Smith ADDRESS Hurlock 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) Charles W. Lake, Jr., Rt. 1, Box 138, Md. 219-07-0905 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE MATION, OR REMOVAL. IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION MINUTES DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditions, if ony, which YFARS (b) ATHEROSCIEROSIS gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-SED AS A BURIAL -HEALTH AND MEN AL, CREMATION, C lying cause lost. MEDICAL EXA AS A BURIAL YUTHRS MELLITUL (c) DIEBETED PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION ICATE, WRITING THE WORD "PER E CORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIQR TO BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES NO 🗌 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21s. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 TIE PLACE OF INJURY (AT HOME, 71f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTAWORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Suicide Undetermined monner death resulted fram: Natural causes Homicide TITLE (SPECIFY) 8-2-85 MEDICAL EXAMINER EXAMINERS NAME AMES ADDRESS 400 AURORA ST. CAMBRIDGE MD. MECARTER. 23a. 8URIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Hurlock, Burial Washington Cemeterv Dorchester. Maryland BP 24. FUNERAL DIRECTOR Federalsburg. Md. 750. DATE REC'D. 8Y REGISTRAR **DHMH - 17** Framptom-Hawkins Funeral Home. 216 N. Main St. (VR A15 ME (5)) 20M 4/82

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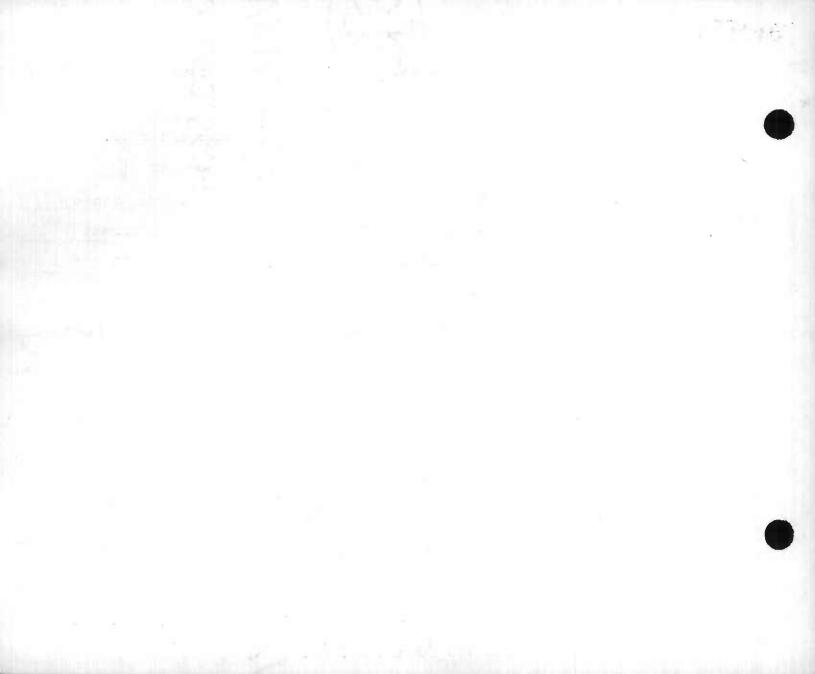
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

52014	1.	FOR STATE PSOISTRAK	DEPART	ARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO.				
3 7		CEASED NAME FIRST OR PRINT) SOURCES	SEWELL HARV	EY HURLEY	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 19		
ge 4 may ector pa rs after d	3. SE	MALE	RACE CAU.	5. DATE OF BIRTH MONTH DAY April 17,1896	6 AGE (IN YEARS LAST BIRTHDAY) 89 YRS	IF UNDER LYEAR IF UNDER 24 PRS.		
leath. Pa		RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT DORCHESTI			
S ofter o	1	TAMBRIDGE	DORCHESTER G	ENERAL HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Carpenter	12b. KIND OF BUSINESS OR INDUSTRY boat bldg.		
n 24 hou	Ma	aryland Do	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) 13d INSIDE CITY LIMITS? 14 YES \(\text{NOW} \)	13e STREET ADDRESS / ZIP COD Rt / 2			
complex in the state of the sta		FRANKLIN	MIDDLE LAST HURLE		ET	WHEATLEY		
be exection and crs. Pages		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) NO	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 220-12	uaug	hter ADDRES 614 ian Shanks, Wes			
quires that the death certificat signed by the attending physican please remaye carbangap to burial, cremotion, or remova ijury, or other traumatic event, it	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF DEVOLENTE V	ANGURYIM ANAL DISEASE OR CONDITION GI	BETWEEN ONSET AND DEATH CANDILLO		
by the haspital or ottending physician. The low rec by the haspital or ottending physician. ERAL DIRECTOR, After this certificate has been to detached for use as the burial-transit permit. I State Dept of Health and Mental Hygiene prior t ANT: If them 21 is marked or them 18 shaws any in	MEDICAL CERTIFICATION	The state of the s	RUDGURSS	AY YEAR 19 211 LOCATION STREET FARM ETC.) 711 LOCATION STREET 7 Average 19 0 J 0 ond that in (my) (aur) apinion DEGREE	IN CERTI	COUNTY STATE 19 that (I) (we) last		
TO HOSPITA retained by 1 TO FUNERAL should be de with the Stati		BURIAL, CREMATION, REMOVA		FLE YS BY PA NAME OF CEMETERY OR CREMATORY	23d LOCATION	er Des Mo		
BP		burial	Sept.3,'85	Dorchester Mem.	Pk.Airey,Cambi			
DHMH - 16 60M 7/B4	24 FI		an Funeral Hom	e 21613 250. DAT	E REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE		

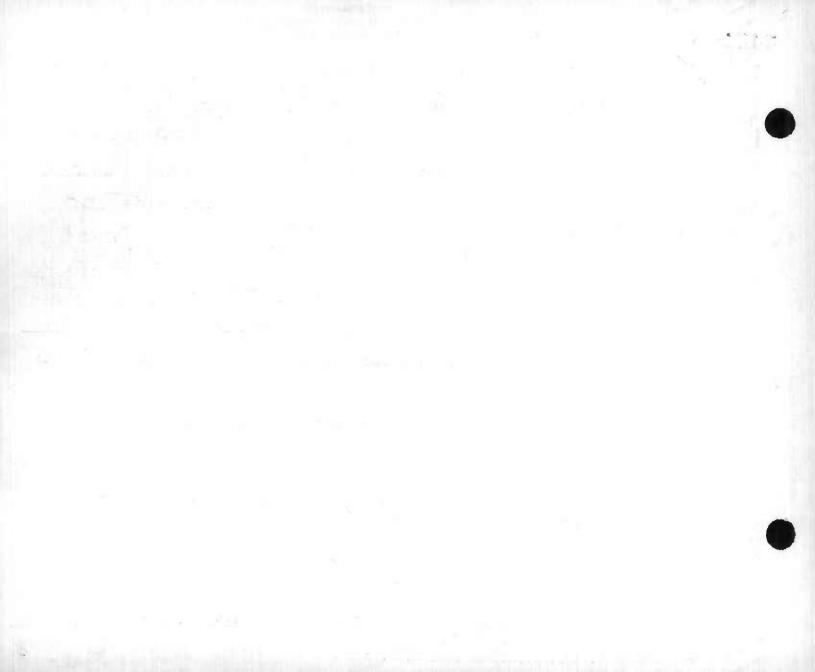
Control of the Contro



	FOR STATE REGISTRAR	STATE OF DEPARTMENT OF HEAL' MEDICAL EXAMINER'S	(1 ml	Cina Cina	5 /
	ECEASED NAME FIRST (PE OR PRINT) Essie	Williams	Jones		08 03 19 85 7:34
IRY, PIEA INTECTION FILE ON SIRE	female white 0	3 07 1898 87 BIRTHDAY) MO	UNDER 1 YR. IF UNDER 24 H	PRONOUNCED DEAD	8 3 19 85 7 8 M
W SERCES	oreign country) Md.	U.S.A. WIDO	RRIED NEVER MARRIED	Dorches'	ter MD.
A TEN	Cambridge	NAME OF HOSPITAL, NURSING HOME, OR O IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 501 Academy St.		sewing mach.	work 12b. KIND OF BUSINESS OR INDUSTRY Operator
130.	Md. 13b. COUNTY Dor.	er Institution, Give residence before admission) 13. City or town Cambridge	YES 🔀 NO 🗌		y St. 21613
9/	Bell MD	Jarrett	15. MOTHER'S MAIDEN N FIRST Anna 17. INFORMANT	MIDDLE	Green
DIVISION OF VI	WAS DECEASED EVER IN U.S. ARMED F YES, NO, OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter anly one	217-10-8565.		Brohawn	Item # 13
LIFF MEDICAL EXAMINER ALONG USED AS A BURAL-TRANST FERMI OF HEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL. INICATION		USE (a) PROBABLE AC DUE TO, OR AS A CONSEQUENCE OF (b) MITERIAL SCLIEB DUE TO, OR AS A CONSEQUENCE OF (c) GENERAL TO THE TERMINAL DISE BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	LETEROSCLEANT CASE OR CONDITION GIVEN IN PART 1 (6)	SigENSE SigEnse SigEns	5-10yrs
BURIAL CREMAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY? YES NO
MEDICAL CERTIFIE	CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19		NTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
20	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
文	22a. I certify that I tack charge of the death resulted from: ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME DOWNSO (TYPE OR PRINT)	NOV III I	TITLE (SPECIFY)	Indetermined manner ,	DATE 8/6786 SIGNED 8/6786
BALTIMORE MARY	BURIAL, CREMATION, REMOVAL 23b. D. (SPECIFY) burial 8	76/85 Cambridge	OR CREMATORY 73 Cemetery	Cambridge	COUNTY STATE U.3
	FUNERAL DIRECTOR HOMAS FUNERAL HO	OME CAMBRIDGE MD.	25s. DATE REC'E	D. BY REGISTRAR 256. REGISTR.	

July July 1

500 UNIV BLVD W. SILVER SPRING MD.



neral director, page 3 in 72 hours ofter death within 24 hours ofte executed TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician of should be detached for use as the burial-transit permit. Then please remove carbompopers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. certificate be that the death OR ATTENDING PHYSICIAN: The low

MPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumatic event. th

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR STATE

Thomas Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6-	2	1	5	4

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	CEASED NAME E OR PRINT!	CORENCE R	TH KIN	CING	20. DATE OF DEATH		YEAR 26. HO	JQM
3. SE	x	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	INDAY) IF UNDER	TYEAR IF UNDI	ER 24 YARS
1	F	0	AUC MO	23 29	56	YRS.	DATS	Wiles.
2	IRTHPLACE (STATE OR FORI	T	15A WIDON	NEVER MARRIED DIVORCED	137	Reltzs1	-	MD.
1	CAMBMIX	(IF NOT IN SUCH	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS)		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NOMETAKET 126. KIND OF BUSINESS OR INDUSTRY			
130	Med 13		THE RESIDENCE BEFORE ADMISSION 131. CITY OR TOWN	YES NO W	72t_7	-	25 B	21613
	ATHER'S NAME FIRST TUFF	MIDDLE	PETE	15. MOTHER'S MAIDEN N GRACE	MIDDLE		EYMOU	R
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	213-22-808		Soitnson	RH:	2 Borl	
	Conditions, if ony, was gove rise to immediately course to in, storing	thich (b)	AS A CONSEQUENCE OF	Ca		DE	APPROXIMATE INT TWEEN ONSET AP	100EAIH
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIF Me: 190 DATE OF OPERATION	tus taté	NTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TEL	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS US	ATH?
	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	ISE OF DEATH HOUR A.A.	A. MONTH DAY YEA	.R	JRRED (ENTER NATURE OF INJU			<u>U</u>
	WHILE NOT WHILE	CAT HOME STRE	ET, FACTORY, OFFICE, FARM, ETC.)	STREET 19	CITY OR TO) 19 S		STATE S(we) last
7		alive on ST D(did not) view the body of		DEGREE ATTENDING PHYSICIAN 22e. ADDRESS		FF _ 22c	,	stoted
230	BURIAL, CREMATION, RE	MOVAL 23b. DATE 8/29/		CEMETERY OR CREMATOR Memorial Pk	cambric		r. N	state
24 F	UNERAL DIRECTOR			2500	TE RECID. BY REGISTRAR	256 REGISTRAR'S S	IGNATURE OF	

Md.

Cambridge

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL



(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

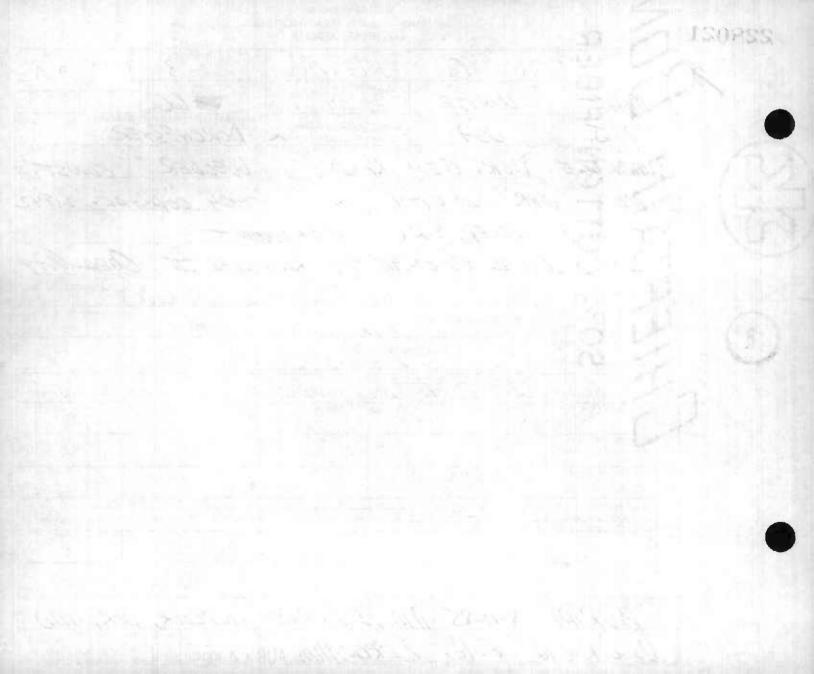
		REGISTRAR					REG. N	0.			
1		EASED NAME FIRST	MIDDLE	K	lingler	20.	DATE OF DEATH		8 85	26 HOUR 9 A M	
	1. SEX	MAKE 4. RAC	WHITE	S. DATE OF	BIRTH PAY YEAR	6 A	6 AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN.				
1		OUNTRY J.	TIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	-	DORCH	ESTA	OF DEATH	MD.	
3	0	AMBRAGE D	TAME OF HOSPITAL, NURSING	DDRESS)	OTHER INSTITUTION		USUAL OCCUPAT			NST.	
5	tije. S	mo WER	13c. CITY OR TOWN	4	36 INSIDE CITY LIMITS	1	STREET ADDRESS	ZIP CODE	AL.	21842	
10	1	THERS NAME TERS! KIMIDDLE	GLER, SR	,	MOTHER'S MAIDEN	NAME !	N -MIDDLE		LAS	51	
2		VAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECUR	795	T-G. KL	112	LER I	ESS (SEER	eliny	
		18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAU	() ~ !	Eslio	Respire	xto	ry Si	rest	DET WEEN	ONSET AND DEATH	
		Canditions, if ony, which gave rise to immediate	tue TO, OR AS A CONSEQUED	NCE OF	Issible	alle	to m.	1.			
	NOI	PART 2 OTHER SIGNIFICANT COND	107	EATH BUT N	disease	/	DISEASE OR CON	Brai		nollenc	
9	CERTIFICATION	190 DATE OF OPERATION	9b. CONDITION FOR WHICH (OPERATION	WAS PERFORMED	1	AUTOPSY?	IN CERTIF	S, WEREMINDI YING CAUSES S		
9			IB. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	21¢ HOW INJURY OCC	CURRED	ENTER NATURE OF INJU	JRY IN ITEM 18 P	PART OR PART 2)		
	MEDICAL		LE PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, PA	RM ETC)	211 LOCATION STREET		CITY OR to)wn	COUNTY	STATE	
		220-1 certify that (I) (this hospital) at saw the deceased alive on above, (I) (we) (did) (did nat) view	8-7- 198	5, ond	2-4- , 19 & that in (my) (aur) apin		taa ~ 7		and from the		
			rundan	m.	- THISICIAL		EDICAL STA		22¢ DATE	SIGNED	
		226 PHYSICIAN'S NAME (TYPE OR PRINT	anman		220 ADDRESS	H		ruly	ilgo, 1	42	
		SPECIFY DELPL	8-11-85 136 N	AME OF CE	ETERY OR CREMATOR	RY 2	HURED	ck,	DOR,	min	

TO HOSPITAL

BP

IMPORTANT: If Item 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)



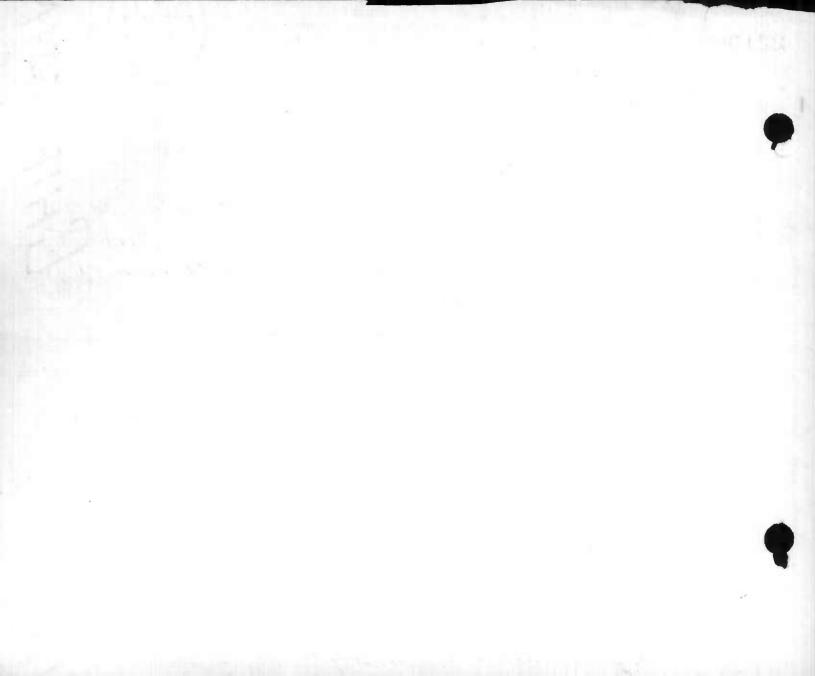
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(VRA 15, 4)

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221084	١.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYGLENE 2 2 9 6 0							
~ COLUGE	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
5		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
A cost	1111	JAN	IES	SHIELDS	Aue	1. \$ 1985 M				
9	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
oge 4	1	Male	Black	Sept 9 1941		rrs.				
once.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH				
9 2 5	10.0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUID	WIDOWED DIVORCED DIVORCED DIVORCED	Dorchester					
filed with	(ambridge	Do-ches Ter	(rever Hosp, Tal	(TYPE OF WORK FOR MOST OF WORK	(ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY				
2 fill of fill out to must be	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ITY, IS PITY OR TO		13e.STREET ADDRESS / ZIP	CODE				
ly fill shou	IA E	THER'S NAME	chester Lamb	15. MOTHER'S MAIDEN N		ia linda 246/3				
mplete	19. 57		MIDDIE C/ LAST	FIRST	WIDDLE	A TO LAST				
	16a. 4	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	HNYhery				
n and c Poges			E WAR OR DATES)	1981/1 561	eld 1009 Can	11'a C' 21613				
9 0 0 0 0		18. CAUSE OF DEATH (Enter on	ly one couse per line for to), (b),	and ich	44 700 7 012	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
g physicon on popo emaval event, t		PART I. DEATH WAS CAUSE	IMMEDIATE CAUSE (0) Probable Cardio Pulmonay ares							
			DUE TO, OR AS A CONSEC	DUENCE OF. 11 47	- (/	^				
ne death c ne ottendin emove cork mation, ar r troumatic		Conditions, if ony, which gove rise to immediate	(d)	gestive Henry to	a. Ture, COP	0				
t the		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF						
ned by			(c)							
	z	A C (V	ONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1101				
low requires to be a sign of the prior to be	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED				
he lo on. hos t per ene p	TIFIC	NIE TOTAL			YES NO NO	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)				
hysici roote ronsi Hygin 18 sh		21a. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)				
SICIA ng p certif certif viol-t	CAL	OR CONTRIBUTING CAUSE OF DEA	(III)	19						
ING PHYSICIAN: The rottending physicion Wher this certificate hi as the buriol-transit pth and Mental Hygien arked ar Item 18 show	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ING r atter os th lith or		AT WORK AT WORK		C/1, 65						
END tol o	35	220. I certify that (I) (this hospi say the deceased alive on	tol) ottended the deceased from	0 1	death accurred on the data on	, 19, that (I) (we) lost d hour and from the causes stated				
R ATT hospir RECT red fo spt of tem 21	- /		year the body after death.	DEGREE	deditioeconed on the dole on	22c DATE SIGNED				
T HO		1 10	Kron Not	A A IA ATTENDING	MEDICAL STAFF	11/11/20				
SPITA J.by VERA be de		ICIAN'S NAME (TYPE 9	ARRINE)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	10/100				
TO HOSPITA retoined by TO FUNERAL should be dea with the Stor			Doerwald	St. 107 In June 19 19						
Of of Ships		URIAL, CREMATION, REMOVAL	23h DATE / 23	NAME OF CEMETERY OR CREMATORY	236 LOCATION					
BP		Burial	8/8/85	Beulah Cene V. A	1 Hurlack	Derchester Md.				
DHMH - 16 50M 4/83	24 FU	INERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE				
(VRA 15, 4)	5	rewant Fun	each Home	Salisba-V Al	67 1985	while the				

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246054	1- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH
BRASE S	REGISTRAR T. DECEASED NAME (TYPE OR PRINT) REG. NO. 1. DECEASED
PY, REASONE FILE 72 HOUR PAREE	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24 HOL CAUC. 4 - 2 - 9 7 LAST BY DAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 7 1985 7 1
	BIRTHPLACE (STATE OR FOREIGN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED
PAN	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Thompsontown Road 121 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) FOR MOST OF WORKING LIFE) THE MINE
F AND 3 F RETAIN SPOULD I RECORD	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MD ADDICATES TERE EAST NEW MARKET YES NOW NOW RED #1 21631
ORE, MD.	15. MOTHER'S MAIDEN NAME LEPST MIDDLE MIDDL
BALTIMORE SS AFTER DEA GIVE PAGES TITH FORM P PAGES TAN INVISION OF L	(YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-24-5256 (WFE) LOUISE SMOOTH (SAME)
ESTON ST., IN 24 HOUR IN ITEM 18. A ALONG W SIT PERMIT HYGIENE, IN	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O DUE TO, OR AS A CONSEQUENCE OF
A PERSE	Canditians, if any, which gave rise to immediate couse (a) stating the under-
DS, 201 W. ECUTED W G". IN PEN AL EXAMIN UNDIAL-TR AND MENT ATION, OR	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
IL RECORDS, 2011 ULD BE EXECUTED WID BE EXECUTED FERENDING, IN PROPERTY FERENDING, IN PROPERTY FERENDING, IN PROPERTY ALL CREMATION, OR ALL	
OF VITAL R CATE SHOULE HE WORD "PP THE CHIEF / VID BE USED 'VIOLD BE USED TO BE USED TO BE USED	YES NO. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
S CERTIFICATE SHOUL RITING THE WORD. REDED TO THE CHIEF EE 3 SHOULD BE USE TO PREPAREMENT OF HOUSE TO PREPAREMENT OF HOUSE	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION
PAC STATE	AT WORK AT WORK
N S S S S S S S S S S S S S S S S S S S	220. Lectify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,
TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B A TO FUNEAL DIRE A FTE POETH, WITH BAFFIMORE, MARY	SIGNATURE MALE SIGNATURE MEDICAL EXAMINER SIGNED 8/15/85
TO ME EXECUT PAGE TO FUI BAFTER	EXAMINER'S NAME DOWALD Nº MCWULLIAMS, ADDRESS 38 GAY JT CAMBLE 61/65 2161. 230. BURGLA, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d TOCATION COUNTY STATE
07/84 BP 25M DHMH - 17	Burlal 8-17-85 EastNewMarketCem. EastNewMarket, Dorch., MD 24. FUNERAL DIRECTOR 250. DATE RECO. BY REGISTRAR'S SIGNATURE 250. DATE RECO. BY RECO. BY REGISTRAR'S SIGNATURE 250. DATE RECO. BY RECO. BY RECO. BY RECO. BY RECO. BY RECO. BY R
(VR A15 ME (5))	Letter runeral nome, East New Market, Who house of the formation was the state of t

STATE OF MARYLAND

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46113	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HE CERTIFICATE OF DEATH	GIEND 2 2	9 6 8			
e 64		CEASED NAME FIRST OR PRINT)	we Landon	STREAGLE	20. DATE OF DEATH MONTH	2/2			
poge 3	3. SE		I4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
s ofte	,	Male	White	Dec 28,1908	76 y	MONTHS DAYS HOURS MIN.			
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED		ONTY OF DEATH OF CO. MD.			
by the fune filed within		TY OR TOWN OF DEATH Cambridge	LIF NOT IN SUCH FACILITY, GIVE STREET	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS) Dorchester General Hospital R tired					
filled in the fi	13a. S	TATE 13b COL	or other institution, give residence before unity 136. CITY OR TOV	idge YES NO NO	13e STREET ADDRESS / ZIP 6				
19	14. F/	THER'S NAME Clifton	M. Streagl	15. MOTHER'S MAIDEN N. FIRST Lill:	MIDDLE	Walker			
A	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	Walker			
100 July		YES, NO OR UNKNOWN) (IF YES, C	220-10	-6582 Mary M. S	Streagle Item	# 13			
physical poper novol. ent, th		18 CAUSE OF DEATH (Enter of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
physic onpope emovol		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) TERMINAL CARDIAL ARRHYTHMLA IMMEDIA							
nding corb or r		DUE TO, OR AS A CONSEQUENCE OF							
by the offe ose remove I, cremotion other troun		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. (b) COROMARY ATHEROSCLEROS(S) DUE TO, OR AS A CONSEQUENCE OF							
fhen ple for purion for purion for purion	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH ADENDEARES	OPERATION WAS PERFORMED	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO \				
certificate h		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	21b. TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)			
the buriof-tr ond Mentol ked or Item	MEDICAL	21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE			
or o			pital) attended the deceased from.		3 , to 8-17	, 19, that (D(we) lost			
for up of H		sow the deceosed alive on							
DIRECTOR DEPT.		226 SIGNATURE	22c. DATE SIGNED						
NERAL I be deto e State I TANT: II		ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 8-17-85							
TO FUNERAL should be defined by with the State IMPORTANT:		UAMES F. M			AURORA STR				
TO FUN should to with the IMPORT	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY		COUNTY STATE			
BP		Burial	8/19/85 E.	New Market Cer	n. E. New Maj	ket Dor Md.			
- 16 50M 4/83				ambridge, 250 D		EGISTRAR'S A GOLDAN			
(VPA 15 4)	T	homas Funera	Home 700 To	duct st Mall	20 1950 guillo	COLORDA			



228078	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 22 9 / 0 REG. NO.						
220010	I DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH , DAY , YEAR	7b. HOUR	
moy be poge 3 er deoth		OR PRINT)	M	M	eedleton	A DAIL OF DEATH	8/1/85	4.15 PM	
6 0 0	3. SE		4 RACE	S. DATE (6 AGE (IN YEARS LAST BIE		IF UNDER 24 HRS	
Poge 4 r. director.	1	Female	white	MONTH 1 C	09 01	83	YRS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? I MADDIE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH		
Coth 720	N	Tonihanl	2184	WIDOW			step	MD.	
A PA	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME			ION 126. KIND C		
of the filled with	6	ambridge	DIF NOT IN SUCH FACILITY, GIVE STRE	MISIN	Home	TYPE OF WORK FOR MOST	DE WORKING LIFE) INDUSTRY	SING	
24 hours be unid be		AL RESIDENCE (IF NUE HOME OR STATE	OTHER INSTITUTION DIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	21/013	
ci yag	14. F/	THER'S NAME	TKPICI COMOLI	aft.	15 MOTHER'S MAIDEN N	AME	1401.	A1010	
11091		EIRST	Robins Bisho	р	Ella	Kate	Bak	er	
(1)		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	E WAR OR DATES)	1329	ECOTOR D 1	Late 1107	Holbud Ave	Comprihe	
\ = 1 8 # o 5 /		18 CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), (nd (c).)	. 0	,	APPROX BETWEEN	ONSET AND DEATH	
1000	0	PART I. DEATH WAS CAUSE	TE CAUSE 10) CAR	CIN	ums	· Lung		YA.	
8 66 3		WWW.CDIA			CONTRACTOR OF THE STATE OF THE				
E 25.00		Conditions If you which	DUE TO, OR AS A CONSEQ	DENCE OF					
0 0000		Gonditions, if ony, which (b) (b)							
4 4889		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF					
thot d by leose riol, cr		(c)							
quires signed then pl to buri	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 11	o,	
os been de prior de p	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FINDII IN CERTIFYING CAUSES	OF DEATH?	
40 4 60	Ē					YES NO	YES [NO 🗌	
Z S S O F S		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	IRY IN ITEM TB PART I OR PART 2]		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
ING PHY r ottendi	ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OR TO	Own County	STATE	
A P O I		22a I certify that (I) (this hasp	tal) attended the deceased from	7	-UNL- 19 2	1 10 AM	19 83	that (1) (we) last	
TOR TOR		saw the deceased alive on	7/24 19.	15.0	nd that in (my) (our) opinio	n death occurred on the d	late and hour and from the	couses stoted	
AT AT SEC		12h. SIGNATURE	at) view the body after death.		DEGREE		776. DATE	SIGNED	
the high troche to Dep		1 de la constitución de la const	1 11 /1	1	ATTENDING PHYSICIAN	DIRECTOR PHYSI	FF _ O	1/8-	
PITA by De		77d. PHYSICIAN'S NAME (TYPE	OR PRINTY	- 7	122e ADDRESS	DIRECTOR PHTSI	LIAN	1100	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: H		Howard E.	Avligte		1408 Byru	St. Com	oriche M	1 21613	
5 5 1 4 2 5		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OF TOWN	COUNTY	STATE "	
BP		Burial	8/4/85	Odd F	ellows Ceme	etery Bish	opville W	or MD	
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR W. K	irk Burbage		250 _g H ₂	UTO EXPE LIBYRA	256. REGISTRAP'S SIGNAT	WRF .	
(VRA 15, 4)	1			illiam 57	L Berlin	7,0 1300	guna wavidson	-Aanders	

STATE OF MARYLAND

Tattelleton Folding is on the Rate Haller Surfal | 8/4/85 (Od: 75/Love Centerer Brishogothia Martin W. Kirk Surbace to's

246084	1-	FOR STATE REGISTRAR		DEPARTN	ENT OF H	OF MARYLAND SEALTH AND MENTAL HYGICATE OF DEATH	ENE 2 2	9	/ [
oy be deoth		EASED NAME FIRST PRINT) Marioric		usan	ŧ,	Wheeler	20. DATE OF DEATH MON	19 19	85	740 PM
Page 4 may bindirector, page forus offer deal	3. SEX		4. RACE White 76. CITIZEN OF WHAT COUNTRY? US		S. DATE OF BIRTH March 31,1903 MARRIED NEVER MARRIED WIDOWED DIVORCED		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS		NDER TYEAR	
ol dir	C	THPLACE (STATE OR FOREIGN DUNTRY)					9 BALTIMORE CITY OR COUNTY OF DEATH Dorchester Co.			MD.
by the filled - th		Y OR TOWN OF DEATH Cambridge				Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKE)		26. KIND OI NDUSTRY	F BUSINESS OR
AND 212	130. S	aryland Dor	cheste:	other institution, give residence before admits the ster Cambridge Cambridge		13d. INSIDE CITY LIMITS? YES NO	108 Buena Vis		ista	sta Avenue
MARYI and with and 2 and 2		Crockett		lzey		IS. MOTHER'S MAIDEN NA/	Lavinia		Abb	ott
and construction of the co		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? VE WAR OR DATES)	214-32-		Mrs. Betty	W. Sparks	Item		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120* ING PHYSICIAN: The low requires that the peeth certificate be received within a hours of the direction physician. When this certificate has been signed by the affend a physician and permit. Then please sentence calculations frogget land a should be fill and Amenial Hygiene prior to burial, cremation, or removal.	NOI	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (1)	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE CHPOM	NCE OF	STRU CTIVE	RIMORAGE	P/SC/O	MIN-	S SERVI
ON OF VITAL RECOR	CERTIFIC	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME C			21c. HOW INJURY OCCURE	200, AUTOPSY? 20 IN YES NOTE:	YES [G CAUSES]	IGS USED OF DEATH? NO []
DIVISION OF TENDING PHYSICIAL TENDING PHYSICIAL TOR: After this certifi for use as the burial-tr of Health and Mental 21 is marked or them 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	M. OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
TO HOSPITAL OR ATTENDI- retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal		220.1 certify that (1) (this hasp saw the deceased dive are above. (1) we) (did) did no 72b. STONATURE	at) view the book	offer death.	1 1	d that in (my) aur) apinian of DEGREE ATTENDING PHYSICIAN 22e. ADDRESS			d Iram the o	
BB-	23a. Bi	UAVID D. S URIAL, CREMATION, REMOVAL PECIF BURIAL		23c. N		EMETERY OR CREMATORY, Jemorial Pai	23d. LOCATION CITY OR TOWN CR Cambridge	CAM	BRID	STATE STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FU	NERAL DIRECTOR NAME OMAS Funeral		ADDRESS	Camb	Tidan Al F. PAT	FREC'D BY REGISTRAR 256	REGISTRAR	S IGNATI	JRE



DIVISION OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 226105 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR PE OR PRINTS amos 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX male 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 7b. CITIZEN OF MARRIED NEVER MARRIED WIDOWED DIVORCED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BORER 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NOF MIDDLE BONJAMIN LaH ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 801 TRUMBUST (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Lenul Farline ~ Zwes ute IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CHE SEVERE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse HYPERMOPHIC CARDIO MYODATHY CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC 1 STREET WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from. and that in (my) pour) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove (1) (were did) (did not view the body ofter deoth. 226 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN TOTRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS UBERT AMBRIDGE 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY CATION AMBRIDGE

DHMH - 16 60M 7/B

DIRE Dept

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(VRA 15, 4)